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LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

J. W. HOLLAND, A.M., M.D.,
H. A. COTTELL, M.D.,

Editors.

JOHN P. MORTON & CO., Publishers.

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LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. XIII.

LOUISVILLE, JANUARY 7, 1882.

No. 1.

J. W. HOLLAND, A. M., M. D., } Editors.
H. A. COTTELL, M. D.,

**TO THE PERSON RECEIVING THIS COPY AS A
SPECIMEN.**

The News enters its seventh year January 1, 1882. Its support is assured; its character as a live, accurate, and newsy medical journal well established. Your attention is solicited to the unusual excellence of its paper, type, and press-work. Items, reports of cases and of transactions of local societies will be gratefully received. Your subscription is invited.

DR. CABELL'S REPORT.

The annual report of the National Board of Health for the fiscal year just closed has been drawn up by the president, Dr. Cabell, and submitted in the Bulletin of November 19th. The phraseology is so expressive and form so condensed that we borrow his language in the greater part of this article. It is noteworthy, first, as presenting abstracts of the investigations made under the auspices of the board, some of which bid fair to be of permanent value, and also as presenting a statement of expenditures which leaves a large balance from the appropriation to be put to the credit of the board. This latter circumstance is a very unusual one in the history of any of the departments of government, administration officers commonly appealing to the treasury or the legislature as if animated with the spirit of the daughter of the horse-leech. The special epidemic-fund of one hundred thousand dollars was not needed, and remains untouched.

In the investigations of Drs. Wood and Formad it was apparently demonstrated, according to the concise statement of the re-

port, that a fungoid organism discovered in healthy and inflamed but non-diphtheritic throats may yet under certain unknown conditions assume an active state, as shown by an unlimited power of generation in culture-experiments, which is not exhibited to any thing like the same extent by the innocuous form of this organism, and in this active state will give rise by inoculation to all the phenomena of malignant diphtheria. This is in complete accord with parallel phenomena ascertained by the independent observations of Pasteur, Sternberg, and others, as to the identical morphological characters of harmless micrococci and of those which produce fatal septicemia.

In connection with the experiments of Dr. Sternberg on the Etiology of Malarial Fevers, which were epitomized in the News, attention is invited by Dr. Cabell to a special report by the same gentleman upon "A Fatal Form of Septicemia in the Rabbit produced by the Subcutaneous Injection of Human Saliva." In this paper Dr. Sternberg incidentally narrates several facts going to show the occasional acquisition of virulent qualities by micro-organisms, which under other circumstances are quite harmless, and makes this important deduction: "The fact observed by myself, that during the summer months the mud in the gutters of New Orleans possesses an extraordinary degree of virulence, shows that pathogenic varieties of bacteria are not alone bred in the bodies of living animals. The more I study this subject the more probable it seems to me that in this direction lies the explanation of many problems which have puzzled epidemiologists, and that the sanitarians are

right in fighting against filth as a prime factor in the production of epidemics—a factor of which the rôle is easily understood if this view is correct."

The report gives also a *résumé* of an investigation by Professor Remsen in relation to carbonic oxide as a source of danger to health in apartments heated by cast-iron stoves or furnaces.

The results of his inquiries indicate possible sources of error in the well-known experiments from which the conclusion was reached that cast-iron stoves, as soon as their temperature reaches dark-red heat, allow the escape of considerable quantities of the poisonous gas in question. Prof. Remsen's observations go to show that in rooms heated by cast-iron stoves and furnaces there is not present in the immediate vicinity of the hot-air flues as much as 0.04 per cent of carbonic oxide; and it remains to be shown whether such minute quantities of the gas, if present, can act injuriously on the health of those who breathe it.

Among the investigations partially reported is one by Prof. Pumpelly into the relations of soils to their air and water. His experiments refute the widespread belief that there is little or no danger of the pollution of wells by sewage leaching from cesspools in a sandy soil, provided a moderate distance intervenes. It is alleged that they prove that "sand interposes absolutely no barrier between wells and the bacterial infection from cesspools, cemeteries, etc. lying even at great distances in the lower wet stratum of sand." They make "it appear probable that a dry gravel, or possibly a dry and very coarse sand, interposes no barrier to the free entrance into houses built on them of those organisms which swarm in the ground-air around leaching cesspools, leaky drains, etc., or in the filthy made-ground of cities." It is said that they also show "that a house may be built upon a thoroughly dry body of sand or gravel, and its cellar may be far above the level of the ground-water at all times, and it may yet be in danger of having the air of its rooms contaminated by

the germs from leaching vaults and cesspools; for, if the drift of the leaching be toward the cellar, very wet seasons may extend the polluted moisture to the cellar-walls, whence after evaporation the germs will pass into the atmospheric circulation of the house."

The perils that environ the summer boarder at health-resorts have been the subject of an inquiry by Mr. E. W. Bowditch, Sanitary Engineer of Boston. Mr. B. had previously made a report upon the drainage of such places to the Massachusetts State Board of Health. We are informed that nearly all of those which he examined (about one hundred and fifty in number) were discovered to be very unsatisfactory, and threatened to become at any time foci of typhoid fever and other infectious diseases. The board invited Mr. Bowditch to extend this inquiry to Newport, Long Branch, and other places which, from the wide extent of country from which they derive their patronage, assume a national character and importance. It is a gratifying fact, says Dr. Cabell, that for the most part the several proprietors whose premises were inspected exhibited every disposition to correct the sanitary evils discovered by the inspection.

There is other matter concerning quarantine, sanitary inspection, and the introduction of smallpox into the United States, all of which will well reward the perusal of those interested in public hygiene.

THE SMALLPOX IN THE NORTHWEST.—It has been said that "smallpox epidemics in the interior appear to keep pace *pari passu* with the increase and decrease of immigration, and not till there is an efficient inspection and proper precautions enforced upon the sea-board can the disease be controlled inland."

The addition of over four hundred thousand immigrants to our population during the last year has not been an unmixed good. All along the lines of travel over which these people move there is complaint of an

extraordinary prevalence of smallpox. As Chicago is the distributing center for the Northwest, toward which region the tide of travel tends, it has happened that that city has borne the brunt of the pestilence. California has established a system of inspection intended to prevent its introduction from that city.

It is plain that, according to the homely adage, it is best to "stop the pig at the gate." At New York and other maritime ports inspectors and vaccinators of immigrants should be stationed, with instructions to keep in quarantine all those unprotected by previous smallpox or vaccination till they are properly vaccinated. This, we imagine, can be done legally by the joint action of the State and National Governments. It is certainly more feasible than to require certificates of recent vaccination from all European immigrants at the time they take passage from their respective ports. This latter plan has much to recommend it, but is open to more chances of evasion and neglect, requiring home inspectors at last to make the protection sure.

Since the above was in type we have learned that the National Board of Health has received official information to the effect that smallpox prevails to a greater or less extent in eighteen States and Territories, and is considered to be in an epidemic form in Philadelphia, Pittsburgh, Allegheny, Cincinnati, Chicago, some parts of Indiana, Illinois, Missouri, Michigan, Minnesota, California, Oregon, and the Washington, Montana, and Indian Territories. The mortality is not much higher than in other epidemics.

The President has approved regulations of the Board similar in tenor to the idea expressed above. Under these regulations all emigrants upon arriving at any of the ports from ports where smallpox exists are, unless protected by having had the disease, required to be vaccinated and kept in quarantine until the period for the development of the disease (sixteen or seventeen days) is passed.

Original.

LEAD-COLIC FROM AN ACCIDENT.

BY J. W. HOLLAND, M.D.

Professor of Materia Medica and Diseases of the Nervous System, University of Louisville.

On the night of December 2, 1881, I was summoned to see Sam S., a very robust negro, aged about thirty-five years. He was confined to bed with a colic, which extorted from him loud groans of agony at the time of the exacerbations. These paroxysms had been for several days increasing in severity, in the morning wearing away, at night recurring. The pain was chiefly in the left hypochondrium, though it had shifted about the umbilicus, leaving the anterior abdominal wall sore with spots of greater tenderness. His skin was cool, pulse full and hard, tongue coated with a white fur. There was nausea and vomiting, which had been preceded by loss of appetite and constipation. The character and locality of the pain suggested plumbism, but inquiry as to exposure to lead elicited only negative results. He was employed regularly as porter to a grocer, carrying coal and heavy merchandise. The appearance of the gums did not point to lead-poisoning, so I gave him castor oil and morphia. A free evacuation of the bowels followed, and the colic disappeared for a few hours, returning the next night more violently than ever.

The neuralgic condition indicated by the superficial spots of tenderness and the periodical exacerbations led me to suspect malaria as the cause. He was accordingly cinchonized, while the pain was held in check with morphia. Again the pain passed away and again it returned by night notwithstanding the condition of cinchonism.

Sorely puzzled at these failures, upon my way to see him I determined to treat him upon the hypothesis of lead-colic; and with this in mind questioned him closely in regard to eating canned fruits, vegetables, or meats, use of lead tobacco-boxes, drinking of beer from lead pipes, etc. There was no confirmation of my hypothesis obtained till finally in a casual way he remarked that he never had any thing to do with lead or paint unless I would count his carrying it on his shoulders. He then remembered that one day, several weeks back, as he carried a box it broke, spilling over him a fine, red dust used for making paint. Some covered his lips, some was inhaled into his nose, some

stuck to his sweating hands, some went down his neck and filled the meshes of his coat and shirt. For several days he got a red-stained mucus when he blew his nose, and for a week he wore the shirt unwashed. With this warranty I gave him a large dose of sulphate of magnesia, continuing the morphia. The next day he began the use of alum and potassium iodide, taking morphia at night as required. He was soon entirely well and is now about his daily work.

According to reliable information, the red dust which penetrated his air-passages so quickly, and which stuck so persistently to his sweating skin, was "red lead," or minium, a pigment much employed in the arts.

Cases of plumbism without the gingival line have been recorded before. Dr. Taylor reports that out of thirteen persons attacked with symptoms of chronic lead-poisoning from drinking water impregnated with lead, the blue line existed in only one half the patients. This, with other similar cases, justifies his statement that while a blue line indicates poisoning by lead, its absence is not to be taken as proof that lead is not in the system. Nocturnal aggravations of a colic shifting slightly about the navel, attended by hyperesthesia of the surface and constipation, in a person giving no history of improper feeding, may be taken as good grounds for suspecting lead even if there is no history of exposure to it and no blue line on the gums.

LOUISVILLE.

SOME DISEASES OF THE NEWLY-BORN.

From a Lecture

BY WM. T. PLANT, M. D.

Professor of Diseases of Children, etc., Syracuse University, New York.

UMBILICAL HERNIA.

Gentlemen: Another trouble often met with at or soon after birth is umbilical hernia. This is, I think, the most frequent form of rupture in infants. The cause is to be found in retarded development. The abdominal plates of the embryo growing toward each other to form by their union in front the abdominal cavity, may fail to come together at the umbilicus. Thus there may be at birth a space large enough to favor the escape of a knuckle of intestine. In this condition, although the liability to hernia is congenital, the protrusion may not actually take place until some days after birth, when the intestines, now filled by aliment, are crowded downward and forward by the

contractions of the diaphragm and abdominal muscles in breathing and crying. In size the rupture varies. It may be as small as a marble or as large as an orange, though I have never seen one so large as that.

Treatment.—At first, until cicatrization at the navel is complete, a folded cloth placed under the belly-band may be trusted to keep the intestine back. Afterward you may resort to repressive measures which are more reliable.

A piece of cork or soft wood having been shaped to the size of the opening and covered with patent lint or soft leather, may be stitched to elastic bands that pass around the body to hold it in place. Or, if you would have a dressing as *recherché* as possible, you may order a flat rubber air-bag and secure it between two layers of elastic webbing, the ends of which are to be secured behind the back. The apparatus should be kept constantly applied. By degrees the abdominal walls close and reduce the size of the hernial opening. At the same time the intestine increases in volume and protrudes less readily.

The treatment may need to be continued for some months. Nature may be trusted to effect a cure if you will keep the intestine back. Indeed I think that in many instances nature, without aid, is adequate to the cure.

As I shall not again call your attention to the subject of hernia in infants, I will say here that of the other forms, inguinal and femoral, so often seen in adults, the latter is almost unknown to early life, while the former is rather frequent. "Most inguinal herniae," says Vogel, "disappear spontaneously without truss or bandage." This is most fortunate, since it is well-nigh impossible to make use of adequate repressive measures during the first year or two of life. Nor is it so necessary, as in grown people, to keep the hernia reduced, as strangulation almost never happens to infants. I think it is well to reduce the intestine every time the child falls asleep. As babies sleep so much, the rupture is thus kept back the greater part of the time with but little trouble and at no cost. Besides, in well-nourished infants the increasing amount of fat in the abdominal walls and around the groins tends to keep the intestine within the abdomen. When the child is older—two or three years—if the hernia is not cured, you may apply a truss with some little hope of having it worn without constant displacement or troublesome abrasion.

SYRACUSE, N. Y.

Correspondence.

NEW YORK LETTER.

Editors Louisville Medical News:

Since my last communication I have heard Profs. Loomis and Thompson, of the University Medical College. They are both good lecturers and well posted in their branches. Prof. Loomis treats of theory and practice, and is an unusually entertaining speaker. The subject upon which I heard him was typhoid fever. He entertains different views from Prof. Flint as to its contagious character. He denies that there exists any personal effluvia by which the patient can communicate the disease to a well person. He is of opinion that the disease depends for its origin and dissemination upon gases resulting from the decomposition of animal and vegetable matters inhaled, or the same elements conveyed into the system by the water and other fluids that may be impregnated. I think these are about the ordinary causes alleged by most authors to produce typhoid fever. I never believed in the personal-contagion theory regarding this disease, but at the same time have been cautious about sleeping in a house where it prevailed, for of course I would be exposed to the action of the same cause or causes which produced it in those already sick.

Prof. Thompson lectures on *materia medica* and *therapeutics*, and is considered a very able man in his department. I like him as a lecturer very much, and shall occasionally avail myself of the opportunity of hearing both him and Prof. Loomis again.

Prof. Thompson gave us a recipe for diarrhea which I do not recollect having seen before. It is:

R. Plumbi acetas.....	gr. xvij; 1.06 Gm.;
Pulv. camph.....	gr. xij; 0.72 Gm.;
Pulv. opii.....	gr. iij; 0.18 Gm.;
Bismuth. carb.....	gr. xij; 0.72 Gm.;
Ext. gentian, fl. q. s. f. pl.	gr. xij; 0.72 fl.Gm.

Dose, one pill every hour to three hours, according to severity of disease.

One would suppose that in a case of diarrhea accompanied with pain this would be a very suitable remedy—the camphor and opium relieving the cramp and at the same time acting with the lead to restrain the bowels, while the bismuth allays irritation of mucous membrane.

Prof. Mott, of clinical and operative surgery, held a clinic a few days since where there was a girl in attendance who, as she stated, had passed a part of a tapeworm forty

yards long. I thought forty feet would have been a more reasonable story. The professor ordered the oil of male fern to be taken, and for her to report at the next clinic, which will be tomorrow. After his hour ended I informed him of our friend Todd's remedy, of Henry County. You will recollect that he discovered by accident the virtues of cedar apple against tapeworm. Dr. Mott had not heard of its use as an anti-tapeworm remedy, and said he would like to try it, and would give it to this patient in case the oil of fern should fail, provided I would get him some, which I promised to do. As I learn, the cedars of this State are what is called white, and do not bear the apple, I will have to send home for some. I believe the apple is the product of the red cedar only. I have written to Dr. Todd, of Eminence, to send me his treatment, the dose, manner of exhibition, etc.

Dr. A. B. Mott is a fine-looking, portly man, and stands high as a surgeon. He, like his father, is bald, and has a son who is also bald. I presume baldness is a trait belonging to the family. I have sometimes thought that this condition was an indication of intellectual power, as so many of our greatest men are thus affected. The portrait of the elder Mott, the great surgeon of his day, hangs in the hall of the university. The elder portion of the profession will recollect that he stood, thirty years ago, where Prof. Gross now stands, at the head of American surgery.

Speaking of baldness, more than half the faculty of Bellevue are bald; and, as before alluded to, it may depend, in some measure at least, on their intellectual powers.

We shall have no lectures during the holidays, and I want to make good use of the time in getting acquainted with some of the prominent men of the profession and in visiting the various hospitals; and if I observe any thing I think will interest your readers, I will make a minute of it.

T. B. G.

NEW YORK, December 20, 1881.

By an oversight there was a failure to credit the New York Medical Record with the report of the Transactions of the New York Neurological Society which appeared in the last number of the NEWS.

Now is the time to renew your subscription. The NEWS and the American Practitioner will be sent for one year to advanced-paying subscribers for five dollars.

Clinical Lectures.

ACUTE PHLEGMONOUS ABSCESS IN THE ANTERIOR TRIANGLE OF THE NECK.

BY S. W. GROSS, M.D.

Professor, etc., Jefferson College Hospital.

Gentlemen: You will observe in this young man, who is apparently about nineteen years old, a decided swelling, which takes up a large portion of the anterior triangle of the neck, that triangle which is bounded in front by the median line of the neck, behind by the sterno-cleido mastoid muscle, and above by the body of the lower jaw.

As to the history of this tumor, the patient says it began two weeks ago, apparently without any assignable cause, and has continued increasing gradually in size till the present time. We observe that the overlying integument is markedly discolored, and of a dusky red appearance. He complains also of pain of a throbbing character, which is increased at night when in the recumbent posture. Upon examining the swelling we find that it is soft, that there is fluctuation, and that immediately over the body of the mass is felt a distinct pulsation, which is synchronous with the beats of the heart. Do not be led astray by this symptom of pulsation, it is merely the result of the coincident that the swelling immediately overhangs the carotid artery. This is not an aneurism, and why? The pulsation is conveyed to the swelling from below, and is distinguishable only by placing the hand over the body of the mass, but is not felt when the fingers are placed upon its opposite sides, as would be the case were the tumor an aneurism. Then, too, the aneurismal thrill is absent, and the discoloration is not that of a bloody tumor.

In all cases of this kind, no matter how certain the diagnosis may appear, before recourse is had to the knife the exploring needle should be used. The most careful observer may at times be mistaken. Some years ago a prominent surgeon in Edinburgh saw a tumor situated below Poupart's ligament, which had been diagnosed by other and equally prominent men to be aneurismal; but his opinion differed from the rest. He was confident that it contained pus. He plunged in his bistoury and found it as he had anticipated. Again, he saw a tumor in the anterior triangle of the neck, which others had also pronounced aneurismal, but which he conceived to be the same as the one first seen. He opened it and caused the almost instantaneous death of his patient, and he himself was found dead the next morning in his office, so great was the impression the case made upon him. Remember this story and never forget to use the exploring-needle; it will some day reward you handsomely.

A very good way of opening an abscess in the neck is to introduce an exploring-needle, and then to pass in the bistoury upon its groove. In this manner you are pretty sure not to wound important structures, while at the same time a good, free opening is unhesitatingly made. The pus should be allowed to flow by atmospheric pressure.

The discharge from this abscess (which is a large one) is quite abundant, and the amount of suppuration which will take place in the next few days will give rise to considerable constitutional weakness. We will therefore put him on the tonics of quinine and

the tincture of the chloride of iron, giving from seven to ten grains of the former, and from thirty to forty minimis of the latter during the twenty-four hours. An emollient poultice will be applied for the double purpose of keeping up a free flow of pus and of preventing the opening we have already made from closing.—*Med. and Surg. Reporter.*

Formulary.

NERVOUS DIARRHEA IN CHILDREN.

Dr. William Lee (Maryland Medical Journal) reports a case of the above affection where palpitation of the heart was a prominent symptom, in which the following were given with prompt relief:

R	Bromid. potass.....	3 ijss;	10.00 Gm.;
Elix. val. ammon.....	3 iv;	16.00 fl.Gm.;	
Aqua.....	3 iij;	93.00 fl.Gm.	
S. Teaspoonful in water between meals.			
R	Tinct. ferri chloridi... gtt. lxxx;	2.50 fl.Gm.;	
	Tinct. digitalis..... gtt. xxxvj;	1.11 fl.Gm.;	
	Strychnæ..... gr. $\frac{1}{4}$;	0.016 fl.Gm.;	
	Elix. adjuvant..... 3 iij;	88.67 fl.Gm.	
M.	S. Teaspoonful every four hours in water.		

ECZEMA OF THE SCALP.

For the obstinate scurf following eczema capitis, Startin (Med. Press and Circular) recommends the following:

Red oxide of mercury.....	gr. v;	0.30 Gm.;
Creasote.....	3 ij;	0.12 Gm.
Saxcera (a colorless hydro-carbon from petroleum)....	q. s.	

M. Apply night and morning. Wash the scalp with warm water and oat meal or yolk of egg, or glycerin soap, and dry before using the ointment. The creasote may be left out after the first week's treatment.

VIBURNUM AND CHLORAL IN THE TREATMENT OF MISCARRIAGE.

R	Fl. ext. viburni prun. fol. fl.	3 iv;	16.00 Gm.;
	Chloral hydrat.....	3 iv;	5.17 Gm.;
	Syrup aurantii cort., ad.	3 ij;	60.00 Gm.

M. Sig. Tablespoonful every two or three hours.

Dr. Cullen cites a case in which this combination saved a woman from miscarriage at the seventh month, after dilatation of the os had reached a diameter of three fourths of an inch. Parke, Davis & Co.'s extract was used in this case.

SYRUP HYDRIODIC ACID.

Potassium iodide.....	gr. 280;	18.14 Gm.;
Tartaric acid.....	gr. 260;	16.84 Gm.;
Water.....	enough;	
Syrup enough to make..	fl. 32;	995.30 Gm.

Dissolve the solids separately in ounce of water each, mix, add enough water to make four fl. ounces, filter, and then mix with the syrup.—*Pharm. and Chem.*

OXALURIA.

The best remedy as yet proposed for this affection is a preparation of the acid phosphates.

Miscellany.

EXPERIMENTAL UREMIA.—A recent work published by MM. Feltz and Ritter (Paris, 1881) summarizes the results of researches which they have carried on for the last fifteen years, and it is analyzed in an interesting review by M. Lereboullet, in the *Gazette Hebdomadaire*. . . . They have laboriously endeavored to ascertain what is the influence of the injection into the blood of principles which the organs of excretion eliminate. They have proved that the words cholemia and cholesteremia do not at all mean what they who introduced them into scientific language thought them to mean. The injection into the blood of the coloring matters of bile and of cholesterine, even of the biliary acids, never excite symptoms of grave icterus.

In investigating the result of the injection of the substances known as extractives, the injection of various ammoniacal salts, or of those of urea, they have attacked the theory of ammoniemia supported by Virchow, and that of Schottin, and have demonstrated that it was only in an impure state that urea excited the convulsions which have caused certain physiologists to put forward the theory of uremia. But the most remarkable result of their patient researches is that of the intravenous injection of fresh or stale urine. The injection into the vein of a dog of fresh human urine, filtered and warmed to 35°C. (95°F.) very rapidly excites symptoms identical with those which characterize the uremia determined by ligature of the ureter or of the renal vessels, that is to say, by sudden suppression of the renal function.

These uremic symptoms are not due either to the augmentation of intravascular tension or to acidity of the urine, since injections made with pure or with acidulated water are harmless. But—and this is the essential fact of these new researches—they are likewise not due to the introduction into the veins of the organic matters of the urine. These, when injected either alone or together, do not possess the symptoms of uremia, which absolutely contradicts the theories of Wilson and Schottin. On the other hand, by introducing into the blood the mineral salts contained in urine three days old, the authors have reproduced exactly the same phenomena as by acting with fresh normal urine or urine strongly concentrated by repeated coagulation. Pursuing their very interesting

researches MM. Feltz and Ritter observed that the poisonous salts of the urine were the salts of potash; that the same uremic symptoms were excited by injecting into the blood normal urine as by introducing the salts of potash dissolved in distilled water in proportions equal to those which this urine contained. If clinical observation should confirm the experiments made on animals, and it be therefore demonstrated that uremia is nothing else than poisoning by salts of potash accumulated in the blood or fixed in excess in the tissues, great progress will have been made; nor would it be rash to suppose that such a discovery would put the physician on the path of new therapeutical methods applicable to the treatment of uremic symptoms.—*British Med. Journal*.

PERFORATION OF THE INTESTINE BY ASCARIDES LUMBRICOIDES.—Dr. E. Marcus, of Frankfort on the Main, reports, in *Deutsch. Archiv fur Klinische Medicin*, the case of a girl, aged thirteen and a half years, of healthy family, but since her fifth year excessively addicted to the practice of onanism, for which various kinds of vermicide had been frequently prescribed without any worm having ever been observed in her dejections. In the morning of April 7th she had gone to school in her usual good health, but returned home at noon complaining of severe pains in the abdomen, which in the course of the afternoon gradually increased. She also vomited several times a greenish substance. In the evening when the doctor was called she was in such pains that an examination was impossible. The bowels were moved with an enema of oil of resin. The next day the abdomen was greatly distended, and painful to such a degree that it could not be touched. The face was pale, pulse small, and feet cold. Perforated peritonitis was diagnosed. After seven days of terrible suffering she died from collapse. At the autopsy, twenty-eight hours after death, an enormous quantity (considerably more than one gallon) of highly-offensive pus was found in the peritoneal cavity, but no feces. Between the intestinal convolutions were found three large roundworms, two of which were dead, while the third showed signs of life. In the descending portion of the duodenum, about four and a half centimeters below the first flexure, was found on the inner side a perforation of about six centimeters in length. Such cases are unquestionably rare.—*Med. and Surg. Reporter*.

THE COMPENSATION OF EXPERT WITNESSES.—A collection of decisions was not long since made by Dr. Stanford E. Chaille on the question, whether a court can force a medical expert to testify without securing him adequate compensation. The following facts are pertinent to this question: English courts have decided that a scientific expert need not attend a subpœna, that his testimony can not be forced, and that he must be compensated. In 1877 the Supreme Court of Alabama decided to the contrary; but, also in 1877, a circuit court of West Virginia, concurred in the English view; in 1878 Judge Clark, in the case of the State of Texas vs. Jasper Weathers, decided that he knew of no law to force a physician to attend court and to testify as an expert without compensation; and also in 1878 the Supreme Court of Indiana, reversing the decision of a lower court, maintained the expert's right to compensation. The Iowa Code of 1873, p. 593, sec. 3814 (and probably the laws of some other States), wisely provides that witnesses called to testify only to an opinion, founded on special study or experience in any branch of science, or to make scientific or professional examinations, and to state the results thereof, shall receive additional compensation, to be fixed by the court, with reference to the value of the time employed, and the degree of learning or skill required.

This law grants all the medical profession demands, and its enactment by the General Assemblies of all the other States should be urged upon them by medical bodies.—*Med. and Surg. Reporter.*

RATTLESNAKE POISON.—Dr. L. Filho has published the following results of his experiments on the poison of the rattlesnake in the *Archivos do Museu Nacional do Rio de Janeiro*: 1. The poison of *Crotalus horridus* acts upon the blood by destroying the red blood-corpuscles, and by changing the physical and chemical quality of the plasma; 2. The poison contains some mobile bodies similar to the micrococcus of putrefaction; 3. The blood of an animal killed by a snake's bite when inoculated to another animal of the same size and species causes death of the latter within a few hours, under the same symptoms and the same changes of the blood; 4. The poison can be dried and preserved for a long time without losing its specific quality; 5. Alcohol is the best antidote to the poison of *Crotalus horridus* known at present.

M. PASTEUR'S VACCINATIONS.—Statistics brought up to October 1st show that the inoculations of splenic fever according to Pasteur's method were performed upon 160 flocks, comprising 68,900 sheep, of which 33,596 were vaccinated, and 21,938 animals were left uninoculated, so as to judge of the results of the difference of treatment. Before vaccination the losses caused by splenic fever amounted, on the whole of the flocks, to 2,986 animals. During vaccination, and until its effects were perfected, 260 sheep out of the whole number of 33,596 perished. During the same period the mortality rose to 366 out of the group of 21,938 that were not vaccinated. When the effects of vaccination were complete in the first group, the mortality from splenic fever fell to 5. This rate has persisted up to the present time; and the next statistical account will give, it is expected, the same satisfactory results as regards the groups of animals vaccinated and left unvaccinated.—*British Med. Jour.*

A SCIENTIFIC CABINET MINISTER.—The new French Ministry numbers among its members at least one scientifically-educated and interested individual, and very fittingly he holds the post of Minister of Public Instruction. We refer, of course, to M. Paul Bert, the eminent professor of physiology at the Sorbonne, who has again and again lately shown his entire sympathy with the party of scientific progress, as well by action as by speech. That unbounded benefit will accrue from the presence of such a person in the cabinet, and from the influence of his counsel, is certain; and it is a noteworthy fact, as showing the thorough earnestness of M. Bert's devotion to science, that almost within an hour of his appointment by Gambetta he delivered at the Academy a lengthy and invaluable paper upon Chloroform and other Anesthetics.—*Med. Press and Cir.*

EXCISION OF THE PYLORUS.—We are informed that the condition of the patient on whom Dr. Wölfler operated for carcinoma of the pylorus, exactly half a year since, is in every way satisfactory, no sign of relapse having appeared. It is the fourth case in Dr. Wölfler's book, *Ueber die Resektion des carcinomatösen Pylorus*. This book, we may mention, has already been translated into Russian and Italian, and is about to appear in an English dress, so great is the interest every where taken in this important operative procedure inaugurated in Prof. Billroth's clinic.—*Wien. Med. Woch.*

DELIVERY DURING SLEEP.—Dr. Weil, of Haguenau, describes, in the *Gazette Médicale de Strasbourg*, a curious case of a woman, twenty-three years of age, well formed, who had given birth on the 16th of June, 1877, to a robust boy whom she suckled for eleven months. Delivery proceeded rapidly, lasting about an hour. When she became pregnant for the second time she was delivered on the 6th of September, 1880, under the following circumstances: She was walking in the evening of the 5th of September and returned home about eleven o'clock to sleep; about three o'clock in the morning she awoke feeling the necessity of passing urine; she arose and seated herself for the purpose. She uttered at once a cry, called her husband, and told him that a child was born, and begged him to send for a doctor. Dr. Weil saw the woman within ten minutes after this scene; she was still in the same position; she was carried to bed, and there was no hemorrhage. Upon examining the urinal it was found to contain the child and the afterbirth. The infant was of the female sex, weighing about ten pounds. It was removed from the vessel, and the cord tied. Nearly half an hour was needed to remove the clots and the mucus which obstructed the mouth of the air-passages of the infant; the placenta was completely expelled. The woman made a quick recovery. Probably this woman had uterine contractions which did not awaken her (as she slept soundly), and the apparent necessity of urinating, which awakened her from her sleep, was nothing less than a strong uterine contraction.—*British Med. Journal*.

MANUFACTURING PHARMACY IN THE GREAT WEST.—The news comes to us that the well-known and enterprising firm of Richardson & Co., of St. Louis, are fitting up extensive and complete laboratories with the most approved machinery and apparatus. Prof. Oscar Oldberg, formerly of Washington, D.C., will have charge of their new works.

THE Journal of Nervous and Mental Diseases, edited during the past eight years by Drs. Jewell and Bannister, of Chicago, Ill., has been transferred to Dr. Wm. J. Morton, of New York, who will have active editorial control of it, and will be aided by a number of prominent neurologists in this and other cities.

WITH this number the News enters upon its seventh year.

Selections.

A Case Illustrating the Identity of Croup and Diphtheria.—Dr. T. F. Pearse reports the following case in the British Med. Journal:

In August last a boy, six years old, returned to his home in the country, from having been to the Moorfields Ophthalmic Hospital and undergone an operation for traumatic cataract. About a week later he complained of sore throat, and his mother states that he was ill and troubled with it for a week. About ten days after his return from London his eldest sister was attacked, and a few days after the commencement of her illness the mother, another son, and the baby were seized with it. The baby was a sickly, delicate child at the time, suffering from acute eczema of the head and neck. For two days, however, it became very ill and could not be got to swallow. The throat was reddened and swollen, but there was no false membrane to be seen. After two or three convulsive fits it died quietly. The other sick members of the family—namely, the mother, eldest daughter, and one son—were all feeling ill, and complained of their throats; but besides swelling and redness of the tonsils and palate there was nothing suspicious to be seen. A day or two after the baby died, however, the boy, who was at the time ill in bed, became much worse, and false membrane of an unmistakable type appeared on the uvula, palate, and tonsils. Shortly after this another son was taken ill, but with only the sign of ordinary sore throat. Up to this time the only remaining member of the family (besides the husband) who had not been ill was a little boy, aged three years. About a week after the baby's death, however, he was said to be poorly and complained of his throat. His symptoms gradually developed; he became hoarse, coughed a little, lost his appetite, and his mother said he seemed at times as if he was going to be choked. There was no membrane visible from the mouth, the throat being merely red and swollen. The child, however, when asleep breathed noisily, as if there was some obstruction in the larynx. The mother stated he awoke during his sleep, had fits of coughing with a "croupy" noise, and great difficulty to get his breath. He was rather better during the day. The case of this last child corresponds exactly with the disease, so-called "croup," whereas that of the other child, his elder brother, exactly corresponds with the ordinary form of diphtheria. The family, although not strong, have previously been in good health.

These cases seem all to have occurred through the illness of the boy brought from London. There has been no other case of diphtheria in the neighborhood. In only one case has actual membrane been discovered; but the prostration, swelling of the glands of the neck, and other symptoms of diphtheria, have been very marked. The boy with so-called "croup" is just the age at which this disease occurs; the others may be said to be too old for "croup."

Administration of Tincture of Iron in Capsules.—Dr. J. H. Grimes writes (Med. and Surg. Reporter) that a most successful and agreeable way of giving the muriated tincture of iron is to drop it into an empty capsule; the cap is then replaced, and the dose swallowed without any trouble. Some water should be taken at the same time.

On Shortness of the Cord as a Cause of Obstruction to the Natural Progress of Labor.—Dr. Mathews Duncan read this paper before the Obstetrical Society of London. He said the obstruction arose from the morbidly early establishment of a solidarity of or union between the fetus and the genital passages, in which it should be easily moved. The cord was taut, then stretched, and advance of the fetus was difficult or impossible without injury. The cord might be absolutely short, or it might be made relatively short by encircling the neck or other parts of the fetus. Its length when stretched had to be considered as well as that when not stretched. Twelve inches of cord would stretch about two inches before breaking. Most cords would break with gradually applied tension by a weight of about eight pounds. Labor-power, if it breaks the cord, must of course be greater than its tensile strength. When the cord was shortened by encircling the neck its fetal attachment was, so far as delivery is concerned, the neck, not the navel, and the measurement from the placental attachment to the neck was about two inches longer than to the navel; hence a greater length was required in this relative shortening than in absolute shortening when the measure is to the navel. Disturbance of mechanism rarely occurred till the child was partly born. The cord might then be torn across or the placental end freed by separation of the placenta, or inversion of the uterus might occur, or the fetus might be born by a kind of spontaneous evolution. In this evolution, taking place after partial birth, the anterior surface of the body was by rotation made to look forward, so as to make the most of the length of the cord. The cord-insertion was the fixed point. The cord was tight, and passed below the lower border of the symphysis between its two insertions. A cord of twelve inches measured to umbilicus, or one of fourteen inches measured to neck, in both cases inclusive of gain by stretching, would permit birth by spontaneous evolution if it was strong enough. A cord measuring under ten inches when stretched would necessitate rupture or cutting of cord, or inversion of uterus, or separation of placenta.

Dr. Barnes was surprised to hear Dr. Duncan describe the cord as sometimes springing from the upper edge of the placenta. Levret had pointed out long ago that the cord, if it sprang from an edge, always sprang from that nearest the os, and he had himself constantly verified this conclusion. He would submit, as a means of lessening the tension of a cord artificially shortened, the method of compressing the uterus downward during the second stage. Instead of losing time in trying to slip the loop over the head or shoulders he had found it better to cut the cord at once.—*Med. Times and Gazette.*

Dilatation of the Stomach.—Dr. Bradbury, before the Cambridge Medical Society, related a case of this affection treated by washing out with a siphon-tube, and showed the patient, a man about fifty-eight, who has been treated by him in the hospital since last June. The patient had for four years preceding his admission been subject to attacks of vomiting, recurring at intervals of seven or eight weeks, and lasting, as a rule, two or three days. For a month before admission he had vomited almost daily. Gradual loss of flesh had been observed from the first, and since a month previously emaciation had been rapid. Vomiting occurred from one to two hours after a meal, the vomit seldom amounting to more than a pint. The patient had wasted very considerably, but his

complexion was florid, his skin elastic, and there was no history of malignant disease in the family. The teeth were extremely bad. No tumor could be detected in the abdomen, but the area of stomach-resonance extended somewhat below the margin of the ribs, and was traceable as far as the mid-line of the body. Two days after admission he vomited some yeasty matter which contained numerous sarcinae. He again vomited on the two following days, and continued to do so at intervals of about one week until the 28th of July. The treatment up to this time consisted merely in careful dieting, and in the administration of a mixture containing strychnia and hydrochloric acid with his meals. From this date, however, the stomach was washed out with the siphon-tube at intervals of a week to ten days. At the end of a month his appearance had improved greatly; he had gained a stone in weight; nausea was infrequent, and vomiting entirely absent. Though he was still under treatment the "washing out" was only required at much longer intervals than at first, and during the intervals he was entirely free from discomfort. Simple warm water was used, the stomach holding about two pints without any uneasiness arising. When this quantity was introduced the stomach was emptied by the siphon action of the tube, and the process was repeated until the water returned clear.—*British Med. Journal.*

The Electrolytic Treatment of Malignant Tumors.—Prof. Semmola, of the University of Naples, had intended to read a paper on the use of electricity in the local treatment of malignant tumors at the late meeting of the International Medical Congress. He was unable, however, to attend, but the subject, although not new, possesses so much interest that the facts he intended to record are worthy of notice. His experience has gained in the treatment of six cases—one of epithelium of the right breast the size of an orange, a fibro-sarcoma of the right breast, two cases of sarcoma of the right breast, one case of sarcoma of the left breast, and one cysto-sarcomatous tumor growing from the upper third of the arm. In five of the cases amputation of the diseased part had been recommended by experienced surgeons, and the sixth was a case of recurrence eighteen months after the removal of the primary sarcomatous tumor. The tumors are said to have all the clinical characters of malignant growths, and to have been examined microscopically by Prof. Petrone. The needles employed were the steel needles in common use for electrolytic purposes, and they were passed deeply into the tumor, converging toward its center. In his earlier experiments only the negative pole was thus inserted, the positive pole being placed on the chest, but in the later ones he found it beneficial to pass in both poles of the battery. The batteries used were Stöhrer's and Onimus's; with the former the deviation of the galvanometer was 90°; with the latter 60° to 75°. In small tumors one inserted needle was found sufficient, but Dr. Semmola believes that he has obtained a more settled action. As a rule, passing the needle causes next to no pain or difficulty, but at times small sclerotic foci interfere with their transit. Very rarely did any painful inflammation attack the spots of puncture. The constant current should be used frequently, even three times in the twenty-four hours, and allowed to flow through the new growth for an hour each time. A weak current long continued seemed to be better in its effects than a stronger current acting only for a short interval

and it is stated that the former has a greater modifying effect upon the local chemistry of nutrition. While the current is passing the galvanometer oscillates between 10° and 15° . This shows that there is some modification in the resistance offered by the tissues, and is a mark of the change produced by the current. In one case the treatment was ended in twenty-four sittings, but in another it extended over seven months. In the case of cystic sarcoma after two applications of electricity inflammation and destructive suppuration set in. In none of the cases were the lymphatic glands affected. Dr. Semmola suggests that electrolysis cures malignant tumors in one of three ways—by producing small foci of inflammation with consecutive sclerosis, the tumor being converted into a small, indurated, and harmless lump; by producing a colloid and fatty degeneration, especially in tumors with this tendency; and by exciting destructive inflammation and suppuration of the tumor. Along with this local treatment in all his cases Dr. Semmola has combined the administration of large doses of iodide of potassium with the view of greatly modifying the general nutrition.—*London Lancet*.

Extirpation of the Kidney.—Dr. Le Dentu related to the Académie de Médecine (*Union Med.*) the case of a gentleman aged thirty-two, who applied to him in March, 1875, with a fluctuating tumor in the left flank and iliac fossa, arising from hydronephrosis and perinephritic abscess. The severe suffering of the patient led to the incision of the tumor, giving issue to a clear liquid mixed with blood. In a few days urine flowed abundantly by the wound; and as its issue caused frequent attacks of inflammation, which put the patient's life in danger, it was resolved to remove the kidney of that side. The operation was performed on April 14th, the decortication of the organ being easily effected. The upper two thirds of the kidney were converted into a sac with flaccid walls, the lower third remaining normal, and the hilus being voluminous. The kidney, being secured by means of two ligatures, was excised with the scissors. Lister's dressing was employed for some days, until the mortified parts had been eliminated by means of the ligatures and the thermo-cautery. The lumbar wound cicatrized in the course of two months. The fistulous track remained open, but now yields a few drops only of purulent serosity. The patient, who is a distinguished dramatic artist, made a brilliant reappearance on the stage in October. This is the first example of successful nephrectomy in France.—*Med. Times and Gazette*.

Empyema—Free Incision vs. Aspiration.—A correspondent of the British Med. Journal writes:

James W., aged seven years, was seized with pleuropneumonia, from which he apparently recovered and began to run about. Twenty days after he had been last seen his father came (he lived about five miles in the country) and complained of the boy's breathing becoming more and more embarrassed. The little patient was again seen, and dullness had returned to the left side, the side originally affected, and breathing was more hurried. He was blistered and put on diuretics, but still the symptoms of compressed lung increased, and no doubt was entertained but that he was suffering from empyema; and on September 3d his breathing was forty-five to fifty per minute; pulse so quick that it could not be counted; complexion livid. Thirty-five ounces of pus were drawn off by

means of the aspirator, with of course immediate relief to the patient. For two days the little patient improved, but diarrhea, a distressing symptom from the first, still continued. After this, he became more restless toward evening, and dullness increased, so that on the seventh day after the operation had to be repeated, and with a result differing from the former only in the quantity (thirty ounces) of pus withdrawn. In thirty-five days the operation was repeated five times, and nearly two hundred ounces were taken from the cavity. After each operation the patient experienced great relief, and improved, though so slowly that it was deemed advisable to make a free incision. This was done between the fourth and fifth ribs, about one inch and a half posterior to the mid-axillary line, and a drainage-tube inserted. The child improved every day after this operation; and a very notable feature in the case, the diarrhea, which had hitherto baffled every attempt to arrest it, ceased.

The wound in the chest-wall soon healed, and when last seen, with the exception of the left side of the chest being flat, the boy looked and felt well.

No antiseptics were used, so that the admission of fresh air into the pleural cavity is not so much to be dreaded as pent-up matter.

Pseudo-erysipelas from Thapsia.—Two cases in which an eruption on the face was produced by the application to the chest of a plaster made from the root of *Thapsia garnica* have been recorded by Comby. These plasters are a popular remedy in France. A local irritant effect is produced in a few hours, and the next day myriads of small vesicles and pustules are produced at the spot and in its vicinity, the skin between them being bright red. In one of the cases described there was also, when the plaster was removed, swelling of the face, which rapidly increased to such a degree as to close the eyes, and on the reddened skin vesicles and blisters appeared. There was no fever or enlargement of the glands, and the eruption gradually subsided. In the other case two plasters had been applied to the chest, and a very similar eruption appeared on the face, which ran a similar course. The eruption appeared simultaneously in all the parts affected, and did not spread as does erysipelas.—*London Lancet*.

Pericardial Drainage.—Rosenstein, of Leyden (*Lancet*), reports the case of a child ten years old who had pericardial effusion, for which the pericardium was aspirated. A second aspiration was soon again required. A relapse occurred, whereupon an opening an inch and a half long was made in the fourth intercostal space. The soft parts were divided under antiseptic treatment, and two drainage-tubes inserted. After four months of treatment the patient left the hospital in good general condition. An incision into the pleura was also required. The effusion was purulent.—*Chicago Medical Review*.

Incision of Membrana Tympani.—In accumulations of mucus or pus in the cavity, writes St. John Roosa, in the Archives of Otology, paracentesis *carefully and gently performed* is a great addition to our means of cure. It is not, however, to be lightly undertaken: mucus may be removed with a little delay by the Politzer bag, and a red and swollen drum-head may be relieved by leeches or scarification. In performing paracentesis the author uses a small needle, and makes the incision just large enough to give exit to the pus, blood, or mucus.

Cerebral Pathology.—The latest general pathological propositions relating to the encephalon have been given by Seguin, as follows:

1. Lesions of the basis cerebri, especially if involving the pons varoli and crura, give rise to the following symptoms: Paralysis, anesthesia in the face and limbs, impairment of equilibrium, changes within the eyes; no psychical symptoms.

2. Lesions of the great basal ganglia probably produce no symptoms unless encroached upon by the internal capsule which passes near them.

3. Lesions of the white center of the hemispheres produce no symptoms when they do not involve the parts composing the internal capsule. If the anterior portion of this capsule be injured, we observe paralysis; if its posterior part, anesthesia.

4. Lesions of the cortex cerebri produce, when located anteriorly, psychical symptoms; when located in the median regions, paralysis of an imperfect kind; and when situated posteriorly, no symptoms at all.

5. Lesions of the cerebellum produce no symptoms except by involving adjacent parts containing important motor and sensory tracts, thus giving rise to irregular paralysis, changes in the optic apparatus, symptoms of irritation of the vagus nerve, etc.

6. Lesions of one half of any part of the encephalon produce motor and sensory symptoms in the side of the body opposite to the lesion. When the lesion is in one half of the basis cerebri some symptoms are found in the side of the face and head corresponding to the lesion, others in the opposite half of the body.

7. Lesions in the median line cause symptoms to appear in both sides of the body.

8. Any intra-cranial lesion which acts in such a way as to increase the intra-cranial pressure may produce, in addition to other symptoms, the condition known as choked disk or neuro-retinitis.

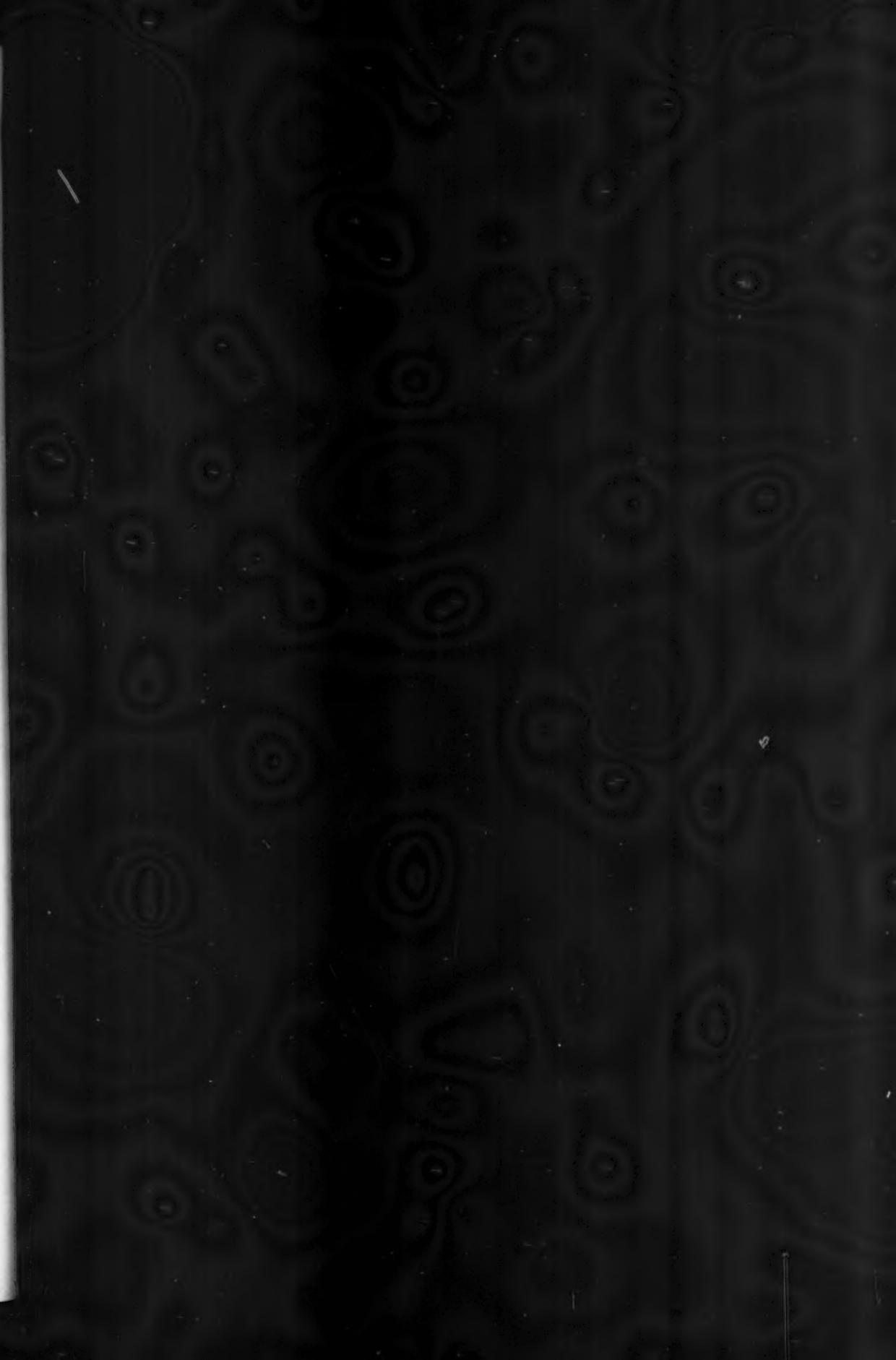
Universal Poison Antidote.—M. Bellini, of Florence, advocates the use of iodide of starch as an antidote for poisons in general, and as it has no disagreeable taste and is free from the irritant properties of iodine it can be administered in large doses; also without fear in all cases where the poison is unknown. It will be found very efficacious in poisoning by sulphured hydrogen gas, the alkaloids and alkaline sulphides, ammonia, and especially by alkalies, with which iodine forms insoluble compounds; and it aids in the elimination of salts of lead and mercury. In cases of acute poisoning an emetic is to be given before the antidote is administered.—*St. Louis Courier of Medicine.*

Use of Nitroglycerin in Acute and Chronic Bright's Disease.—Mr. Mayo Robson has, during the last year, tried the administration of nitroglycerin with great benefit in a number of cases of chronic Bright's disease, and in others accompanied by that condition of the vessels which was described by Sir W. Gull and Dr. Sutton. From the relief obtained in these instances of vascular tension in the aged he was led to try it in acute nephritis, with the same beneficial results. Mr. Robson gives a condensed account of seven cases of Bright's disease in which the remedy was successful. As an example we quote the following: Mrs. E., aged forty-five, a pale, pasty-looking woman, consulted Mr. Robson for dizziness, shortness of breath, palpitation of the heart, sickness, edema of the legs, puffiness of the face, and general

ill-health. She said her mother and grandmother had died of kidney-disease, while she was herself suffering evidently from the same affection. The author found that she was passing only 150 grains of nitrogen by the urine in twenty-four hours, and that there was considerable vascular tension. He ordered milk-diet, diaphoretics, diuretics, aperients, iron, etc., at various intervals, without much improvement. On taking a one-per-cent solution of nitroglycerin in minims doses every four hours she began at once to pass more urine, and the nitrogen increased to two hundred and thirty grains in twenty-four hours; her other symptoms also improved. After a few days of this treatment twenty grains of the sesquichloride of iron and one minim of nitroglycerin solution thrice daily were ordered. In a fortnight the change for the better was very marked; the vascular tension had subsided, the edema had disappeared, and all her symptoms being relieved she felt able to go to the sea-side for change of air.—*Brit. Med. Jour.*

Quinine in Meniere's Disease.—Féré and Demars (*Revue de Medecine*) claim the following results from the administration of sulphate of quinine in Meniere's disease: When quinine is administered for the first time there is a great increase of the aural symptoms as well as of the vertiginous attacks. The treatment by quinine being intermittent, there is during this period of intermission a noticeable diminution of the aural symptoms, but vertigo recurs rather frequently. On resuming the treatment by quinine the increase of the aural symptoms is much less marked than at the inception of the treatment. On the quinine treatment being intermittent for the second time, the diminution of the aural symptoms is very marked, and the vertiginous symptoms frequently fail to appear intermittent, and resume in this manner several times. The increase of the aural symptoms frequently fails to make its appearance, and there is a gradual amelioration, which coincides most frequently with the periods of repose. Even when the aural symptoms have markedly diminished the vertiginous symptoms may reappear from time to time, but they finally also disappear, and there remains of the disease but a very feeble, fleeting tinnitus. The patients, however, appear always to retain a doubt as to their equilibrium, and present a very anxious expression. The amount of quinine used is nine to twelve grains of quinine sulphate *per diem* in one-and-a-half-grain doses. The quinine is given continuously for a week, then stopped for a like period, and then resumed, this manner of administration being kept up until the desired effect is obtained. It will of course be necessary to warn the patient of the temporary increase of his symptoms.—*Chicago Med. Review.*

Manipulation of the Scapula in Dislocation of the Shoulder.—The patient being completely stripped as far as the upper part of the body is concerned is either made to lie on a couch or a bed, or he can be, from my last experience, easily manipulated in a sitting posture. Take for example dislocation of the left shoulder. The left wrist is grasped with the left hand, and the arm gently abducted; the fingers of the right hand are then firmly pushed between the head of the humerus and the wall of the thorax, when with a sweep of the arm across the body the head of the bone is easily lifted and slides into the glenoid cavity.—*E. T. T., in British Med. Journal.*





MALTINE.

MALTINE is a concentrated extract of malted Barley, Wheat and Oats. In its preparation the temperature does not exceed 150 deg. Fahr., thereby retaining all the nutritive and digestive agents unimpaired. Extracts of Malt are made from Barley alone, by the German process, which directs that the mash be heated to 212 deg. Fahr., thereby coagulating the Albuminoids and almost wholly destroying the starch digestive principle, Diastase.

LIST OF MALTINE PREPARATIONS.

MALTINE (Plain).
MALTINE with Hops.
MALTINE with Alteratives.
MALTINE with Beef and Iron.
MALTINE with Cod Liver Oil.
MALTINE with Cod Liver Oil and Pancreatine.
MALTINE with Hypophosphites.
MALTINE with Phosphorus Comp.
MALTINE with Peptones.

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